

CITY OF ALPHARETTA REQUEST FOR ANNEXATION

PLEASE PRINT

Fee: ☐ \$575 annexation and advertising

Application Number: _____

☐ _____ Rezoning (if other than R-1)
(see fee schedule)

Date Submitted: _____

Applicant* Information:

1. Name: _____ Phone: _____

2. Phone: _____
STREET CITY STATE ZIP CODE

3. Address (if available) and legal description of the property to be annexed:

4. Size (acreage) of area to be annexed: _____

5. Total acreage (within area to be annexed) owned by petitioners for annexation: _____

6. Total number of registered voters living within area to be annexed : _____

7. Number of registered voters living with area to be annexed petitioning for annexation: _____

8. Are the property owners representing at least 60% of the area to be annexed petitioning for annexation? YES NO
☐ ☐

9. Are at least 60% of the resident registered voters petitioning for annexation? ☐ ☐

10. Is 1/8th of the perimeter of proposed property to be annexed directly abutting the City of Alpharetta? (See Figures 1 and 2 below on how to calculate) ☐ ☐

Figure 1

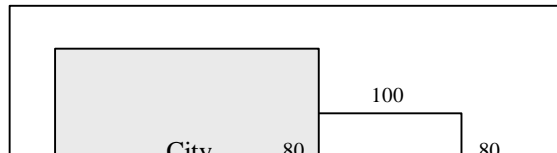
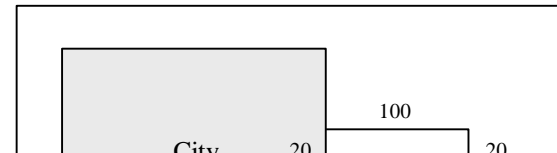


Figure 2



13. Is this application for annexation contingent upon zoning other than R-1? YES NO
☐ ☐

15. The proposed use of the property to be annexed is: _____

16. If all of the area to be annexed is owned by one property owner, only item 'a' (below) must be submitted with this application.

18. All other annexation applications must be accompanied by items ‘a’ through ‘d’ (below).

- I hereby authorize the City of Alpharetta and its representatives to inspect the property which is the subject of this annexation application and post any notices required thereon.

this _____ day of _____, _____.